

BRIDGING THE GAP TO HEALTHCARE

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STRATEGIC
HEALTH CARE



**News Release** FOR IMMEDIATE RELEASE

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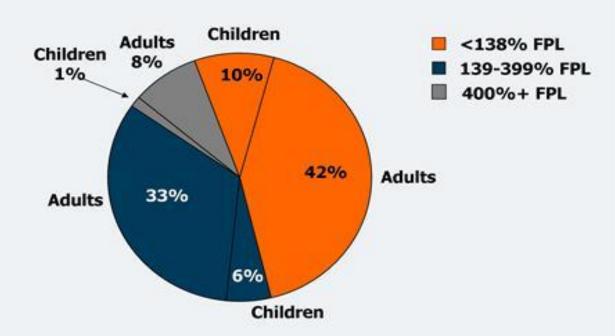
### Most uninsured unable to pay hospital bills, HHS report

Bills That Uninsured Cannot Pay Passed On to Other Americans
A new report released today by HHS shows that **few families**without health insurance have the financial assets to pay
potential hospital bills.

On average, uninsured families can only afford to pay in full for approximately **12-percent of hospital stays** they may experience – and even higher income uninsured families are unable to pay for most potential hospital stays.

## Who are the Uninsured?

## Nonelderly Uninsured by Poverty Levels and Age, 2009

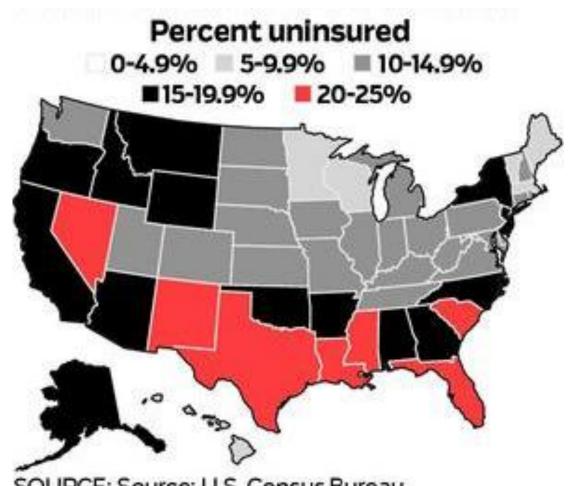


Total = 50.0 million uninsured

Note: Federal Poverty Level (FPL) for a family of four in 2009 is \$22,050/year. SOURCE: KCMU/Urban Institute analysis of 2010 ASEC Supplement to the CPS.

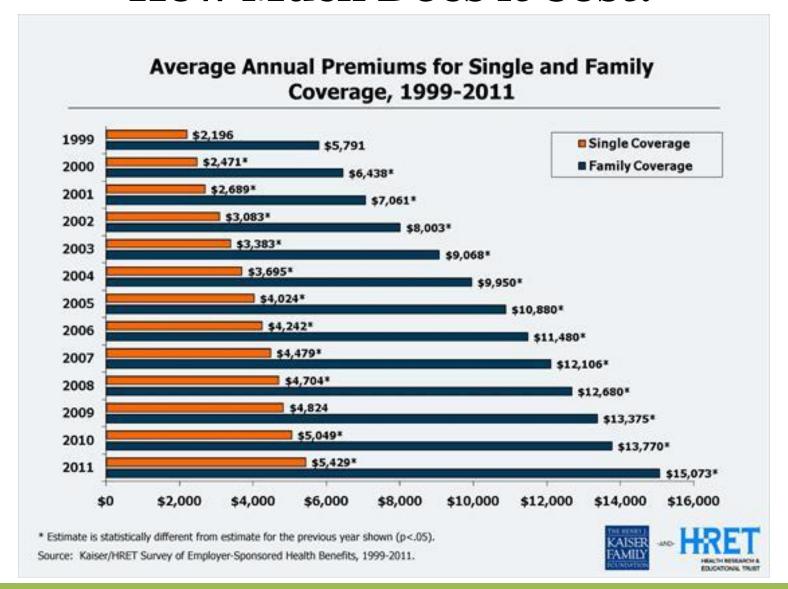


## Where are the Uninsured?



SOURCE: Source: U.S. Census Bureau, Current Population Survey, 2011 Annual Social and Economic Supplement.

### **How Much Does it Cost?**



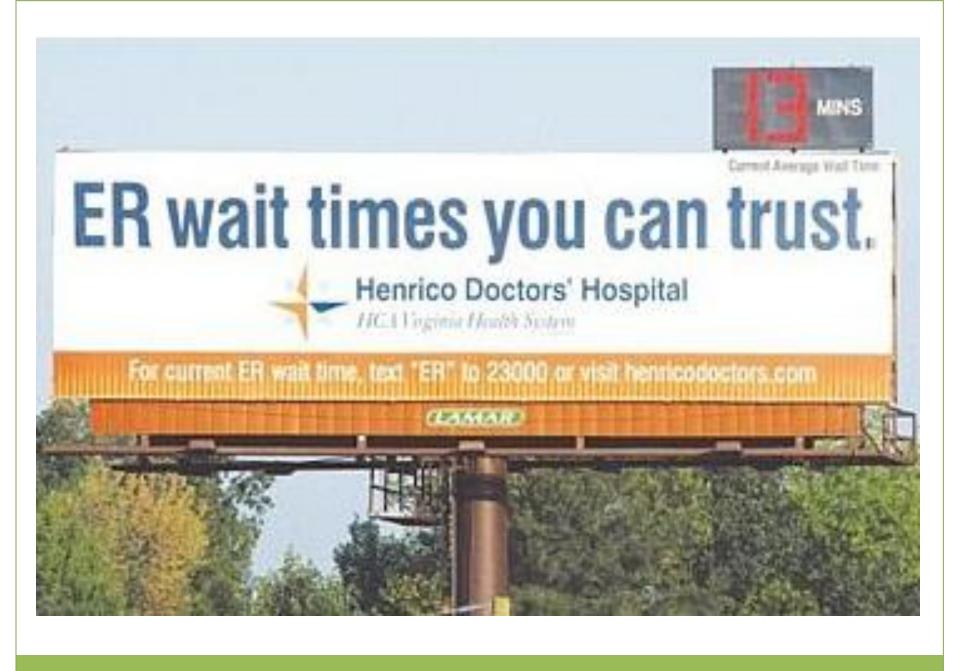
## What Are the Challenges?

The uninsured are...

- Less likely to receive preventative health care
- More likely to be hospitalized unnecessarily
- Sicker and have higher mortality rates

Increased health care costs for ALL

- Higher costs for hospitals offering free, charity care
- Lost revenue for doctors who accumulate bad debt
- Higher premiums for consumers who must offset losses to insurance companies

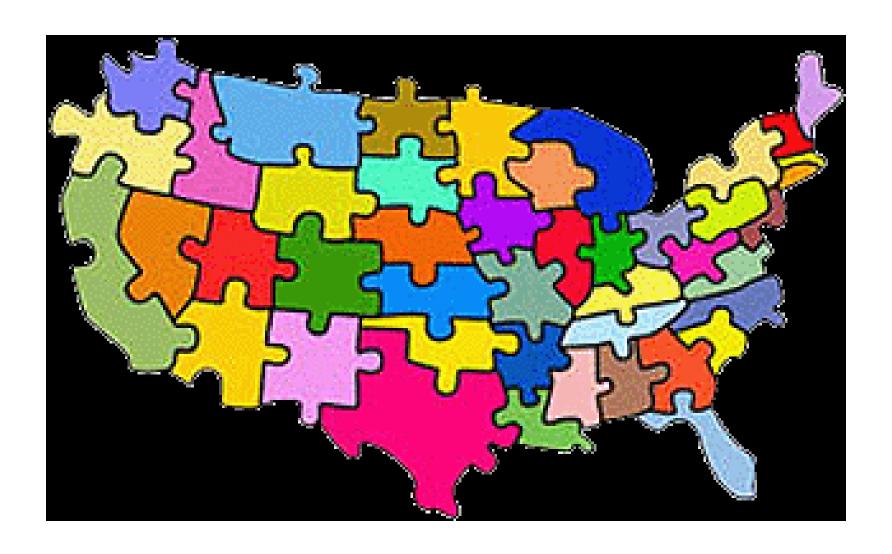


## The Uninsured after HCR...?

- 50.9 million people currently uninsured
- ACA would "reduce the number of nonelderly people without health insurance by 28m—from 18.9 to 8.7 %."
- Of the <u>23 million still uninsured</u>, 40 percent would be eligible for, but not enrolled in, Medicaid or the Children's Health Insurance Program (CHIP).

Matthew Buettgens, Ph.D., research associate, Urban Institute, and Mark Hall, J.D., Fred D. and Elizabeth L. Turnage Professor of Law, Wake Forest University, projected ACA's effects as if it were fully implemented in 2011.

## Where are the Solutions?





## **A Success Story**

- The only non-profit, medical discount plan in U.S.
- Not health insurance, not an entitlement program
- 11,000 people with access to comprehensive health care in ONLY 3 years
- A network of over 1,800 providers who offer comprehensive care
- A SELF SUSTAINING model
- Less than 1.5% of ACCESS's members have gone to the ER

# The Shared Responsibility Model A novel approach to aiding the uninsured



"We ask something of everybody, and try not to overburden anyone."

Sherri Rice, AHN CEO

## Who Makes it Work?

Members Pay monthly fees, trained,

held to program requirements

**Providers** Give discounts on medical services

**Community Donations, support** 

Patient Care Fund Charitable giving

**Government** Grants, Ryan White funding, others

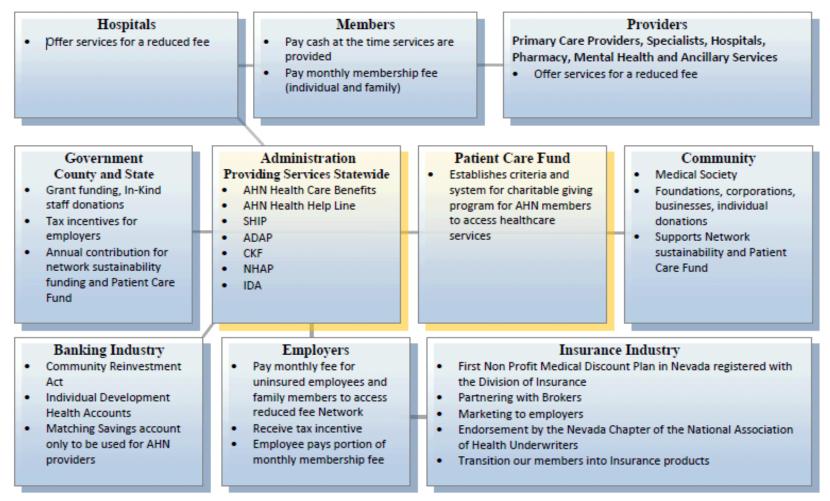
**Employers Support employees** 

Banking, HSAs, brokers, NAHU

**Insurance** 

#### **Shared Responsibility Model**

SERVING NORTHERN, RURAL & SOUTHERN NEVADA





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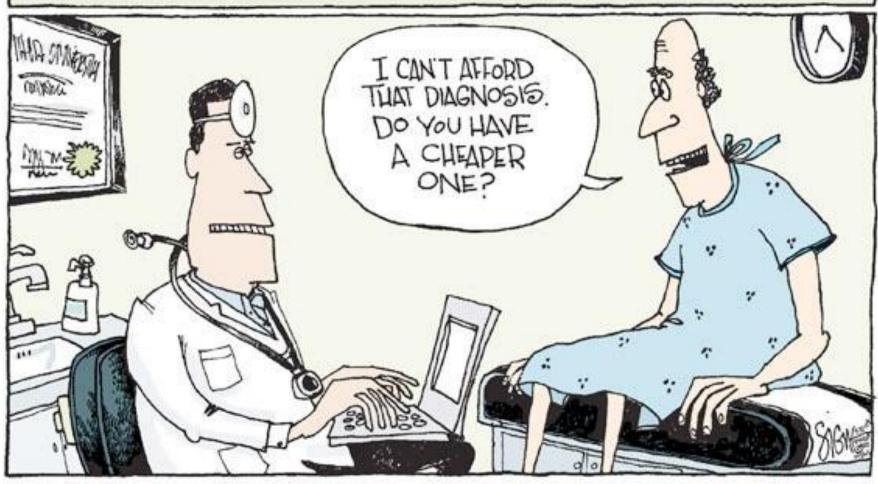
### Who Are ACCESS Members?

- You must be currently uninsured
- You must be able to show proof of all income, such as a pay stub, income tax form or note from your employer, or child support and other money received from any source
- You must live in Nevada and show proof of residency in Nevada through something like a utility bill or rental agreement
- You must show a picture ID
- Your gross household income must be between the incomes listed on the income eligibility chart.

### **How Does it Work?**

- Enrollees pay ACCESS low monthly membership fee
- ACCESS contracts with providers across the state to secure discounted rates for members
- When ACCESS member receives service from a contracted provider, they pay IN CASH at the discounted rate
  - ACCESS does not directly pay providers, the member does an important distinction between ACCESS and traditional health insurance or entitlement programs
- One stop shop for the uninsured screening, referral for ALL government programs

# EVERYONE AGREES TO LIELP REDUCE LIEALTH CARE GSTS!...



## ACCESS Savings Financial benefits for members

#### IN-PATIENT, 10 DAY HOSPITAL VISIT

- Average Cost for non ACCESS member: \$50,000
- Average Cost for ACCESS member: \$3,000

#### HYSTERECTOMY

- Average Cost for non ACCESS member: \$20,000-\$45,000
- Average Cost for ACCESS member: \$1,800-\$3,500

#### SURGERY TO REPAIR BROKEN ANKLE

- Average Cost for non ACCESS member: \$25,000-\$35,000
- Average Cost for ACCESS member: \$1,500-\$2,200

# Recognition Awards and distinctions

#### 2009

- Agency of the Year Award Truckee Meadows Human Services
- Kaiser Permanente and Kaiser Permanente Institute for Health Policy's national meeting regarding healthcare reform strategy – one of a handful of charity healthcare coverage programs to receive an invite

#### 2010

- Innovative Idea Award Corporation for Enterprise Development
- Silver Star Award Truckee Meadows Human Services
- Received national recognition at the 2010 Assets Learning Conference in Washington, D.C.

# Testimonials What they're saying about ACCESS...

## **Providers**

"I've been most impressed by how [ACCESS] helps people return to a normal life. Many of my patients basically are non-functional because of a problem they can't afford to have fixed. They can get that problem solved through [ACCESS] and go on to live a full life."

- Mario Porras, M.D., Orthopedic Surgeon

# Testimonials What they're saying about ACCESS...

## **Employers**

"[ACCESS] provides us with an affordable healthcare solution that is simple and easy for us to administer. And with a very diverse workforce of 400 plus, that's saying a lot."

- Tom McKennie, Owner of 15 McDonald's

# Testimonials What they're saying about ACCESS...

### **Members**

"The whole package of Access to Healthcare has given my wife and me a new hope – the [ACCESS] staff, the providers, everyone at [ACCESS] treats us with respect and care. This has been a truly positive experience."

- Lewis Hamrick

## Why ACCESS works?

- All Players have "Skin in the Game"
- Hospitals Took Lead
- Individual Responsibility
- Dignity/Ownership
- Bills are Reasonable
- Care Coordinator
- Dedicated, Committed Staff
- Became Intake Engine for Entire State

## For more information...

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